SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America

Product Name: Group Dental Classic Product	SERFF Tr Num: RENA-125981678	State: ArkansasLH
TOI: H10G Group Health - Dental	SERFF Status: Closed	State Tr Num: 41295
Sub-TOI: H10G.000 Health - Dental	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Veta Daniel, Errick Phillips	Disposition Date: 01/13/2009
	Date Submitted: 01/09/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 03/15/2006
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: Resubmission	Previous Filing Number: RENA-125770201
Group Market Size: Small and Large	Overall Rate Impact:
Group Market Type: Employer	Filing Status Changed: 01/13/2009
	State Status Changed: 01/13/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

Please find attached the updated form Eligibility Enrollment/Update, Form D-002A V2. This form is used along with Policy D-100A-AR, which was approved on August 24, 2008, SERFF RENA-125770201.

If you have any questions, I can be reached at 517-347-5273 or vdaniel@renaissancefamily.com

Thank you.

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Veta M. Daniel
Administrative Analyst

Company and Contact

Filing Contact Information

Veta Daniel, Renaissance Liaison
4100 Okemos Road
Okemos, MI 48864

vdaniel@renaissancefamily.com
(517) 347-5273 [Phone]
(517) 381-4565[FAX]

Filing Company Information

Renaissance Life & Health Insurance Company of America
P.O. Box 30381
Lansing, MI 48909-7881
(800) 745-7509 ext. [Phone]

CoCode: 61700
Group Code: 477
Group Name:
FEIN Number: 47-0397286

State of Domicile: Delaware
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	1 Form filed separately = $20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Renaissance Life & Health Insurance Company of America	$20.00	01/09/2009	24922979

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/13/2009	01/13/2009

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 01/13/2009
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	D-AR-002A V2 Eligibilty Enrollment/Update Redlined 1-2009	Approved-Closed	Yes
Form	Eligibility Enrollment/Update	Approved-Closed	Yes

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Form Schedule

Lead Form Number: D-AR-002A V2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	D-AR-002A V2	Application/ Enrollment Form	Eligibility Enrollment/Update	Revised	Replaced Form #: D-AR-002A Previous Filing #: RENA-125151679		D-AR-002A V2 Eligibility Enrollment Update 1-2009.pdf

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Eligibility Enrollment/Update

Social Security Number _____

Group Name _____ Group/Subgroup# _____

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information)

Type of Update: New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits ☐

Group Transfer From: Group/Subgroup#	Group Transfer To: Group/Subgroup#	Rate Code Change From:	Rate Code Change To:	Effective Date of Change	Change is for:
					Subscriber ☐ Dependent ☐

Subscriber Information (*please complete for all enrollments/updates*)

First Name _____ MI _____ Last Name _____

Street Address _____ Check if New Address ☐

City _____ State _____ ZIP Code _____ E-mail address _____

Status: Active ☐ COBRA ☐ Retiree ☐ Surviving ☐ Job Title _____

Birth Date _____ (MM/DD/YYYY) Date of Hire _____ (MM/DD/YYYY) Coverage Effective Date _____ (MM/DD/YYYY)

Enrollment/Corrections to Information (*please fill in for spouse/dependents for first-time enrollment or corrections*)

SPOUSE

First Name _____ MI _____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: Legal ☐ Surviving ☐

DEPENDENT #1

First Name _____ MI _____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #2

First Name _____ MI _____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #3

First Name _____ MI _____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #4

First Name _____ MI _____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

Employee Name _____ Employee ID _____

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	*RENA-125981678*	*State:*	*Arkansas*
Filing Company:	*Renaissance Life & Health Insurance Company of America*	*State Tracking Number:*	*41295*
Company Tracking Number:			
TOI:	*H10G Group Health - Dental*	*Sub-TOI:*	*H10G.000 Health - Dental*
Product Name:	*Group Dental Classic Product*		
Project Name/Number:	*/*		

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Certification/Notice	Approved-Closed	01/13/2009

Bypass Reason: This is not a complete Form Filing. We are only updating one of the applications used in the filing.

Comments:

		Review Status:	
Satisfied -Name:	Application	Approved-Closed	01/13/2009

Comments:
The Eligibility Enrollment/Update Form is listed below. This form was originially approved on SERFF, RENA-125151679. It will be attached to revised filing SERFF RENA-125770201.

		Review Status:	
Satisfied -Name:	D-AR-002A V2 Eligibilty Enrollment/Update Redlined 1-2009	Approved-Closed	01/13/2009

Comments:

Attachment:
D-AR-002A V2 Eligibility Enrollment Update Redlined 1-2009.pdf

Renaissance℠

Eligibility Enrollment/Update

Social Security Number _____

Group Name _____ Group/Subgroup# _____

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information)

Type of Update: New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits ☐

Group Transfer From: Group/Subgroup#	To: Group/Subgroup#	Rate Code Change From:	To:	Effective Date of Change	Change is for:
					Subscriber ☐ Dependent ☐

Subscriber Information (*please complete for all enrollments/updates*)

First Name _____ MI ____ Last Name _____

Street Address _____ Check if New Address ☐

City _____ State _____ ZIP Code _____ E-mail address _____

Status: Active ☐ COBRA ☐ Retiree ☐ Surviving ☐ Job Title _____

Birth Date _____ (MM/DD/YYYY) Date of Hire _____ (MM/DD/YYYY) Coverage Effective Date _____ (MM/DD/YYYY)

Enrollment/Corrections to Information (*please fill in for spouse/dependents for first-time enrollment or corrections*)

SPOUSE
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: Legal ☐ Surviving ☐

DEPENDENT #1
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #2
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #3
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

DEPENDENT #4
First Name _____ MI ____ Last Name if different _____

Birth Date _____ (MM/DD/YYYY) SSN _____ Status: IRS ☐ Surviving ☐ Disabled ☐

Employee Name _____ Employee ID _____

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ Date _____

Deleted: 05

Deleted: 7